

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAG)

ADDRESS (number and street)

5550 W. Executive Drive Suite 400

☐Check if different
than previously
reported. (ACC)

Tampa

FL

33609

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00331017

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Stephen A. Montes, D.O.

Signature of Treasurer

Electronically Filed by Dr. Stephen A. Montes, D.O.

Date

03

28

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 18

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2008		28484.23
(b) Cash on Hand at Beginning of Reporting Period	37923.80	
(c) Total Receipts (from Line 19)	20951.54	23851.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58875.34	52335.80
7. Total Disbursements (from Line 31)	16966.36	10426.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41908.98	41908.98
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)		

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information contact:**Federal Election Commission
999 E street, NW
Washington, DC 20463Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 18

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	0	3	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20600.00	22450.00
(ii) Unitemized	350.00	1400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20950.00	23850.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20950.00	23850.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	1.54	1.57
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfer (add 18(a) and 18(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20951.54	23851.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20951.54	23851.57

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....			
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures.....	701.36	1661.82	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	701.36	1661.82	
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		500.00	
24. Independent Expenditure (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....			
26. Loan Repayments Made.....			
27. Loans Made.....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		15765.00	
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	15765.00	15765.00	
29. Other Disbursements.....	500.00	-7500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16966.36	10426.82	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16966.36	10426.82	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20950.00	23850.00
34. Total Contribution Refunds (from Line 28(d))	15765.00	15765.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5185.00	8085.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	701.36	1661.82
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	701.36	1661.82

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)**A.**

Full Name (Last, First, Middle Initial)

AAPS General Fund

Mailing Address 5550 W Executive Dr
Suite 400

City	State	Zip Code
Tampa	FL	33609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	0	8

Transaction ID: SA11Ai-CN2539

Amount of Each Receipt this Period

20000.00

see MUR 6326

B.

Full Name (Last, First, Middle Initial)

Dr. Robert A. Donovan, M.D.

Mailing Address 6859 Zerillo Dr

City	State	Zip Code
Riverbank	CA	95367

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	8

Transaction ID: SA11Ai-CN2170

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Flowe, M.D.

Mailing Address 18 Wimbledon Dr

City	State	Zip Code
Roxboro	NC	27573

FEC ID number of contributing
federal political committee.

C

Name of Employer
person Emergency Physicia-
nsOccupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	8

Transaction ID: SA11Ai-CN2184

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

20100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Flowe, M.D.

Mailing Address 18 Wimbledon Dr

City

Roxboro

State

NC

Zip Code

27573

FEC ID number of contributing
federal political committee.

C

Name of Employer
person Emergency Physicia-
nsOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	8

Transaction ID: SA11Ai-CN2185

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sheldon L. Katanick, D.O.

Mailing Address 2627 14th St SE

City

Ocala

State

FL

Zip Code

34471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion Radiology CenterOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	8

Transaction ID: SA11Ai-CN2180

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sheldon L. Katanick, D.O.

Mailing Address 2627 14th St SE

City

Ocala

State

FL

Zip Code

34471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion Radiology CenterOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	8

Transaction ID: SA11Ai-CN2181

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Bart E. Maggio, D.O.

Mailing Address 427 Passaic Ave

City

Passaic

State

NJ

Zip Code

07055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11Ai-CN2176

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bart E. Maggio, D.O.

Mailing Address 427 Passaic Ave

City

Passaic

State

NJ

Zip Code

07055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: SA11Ai-CN2177

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen A. Montes, D.O.

Mailing Address 701 West Wedgewood

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11Ai-CN2173

Amount of Each Receipt this Period

50.00

May contribution

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen A. Montes, D.O.

Mailing Address 701 West Wedgewood

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	8

Transaction ID: SA11Ai-CN2171

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City

Natchez

State

MS

Zip Code

39120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	8

Transaction ID: SA11Ai-CN2168

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City

Natchez

State

MS

Zip Code

39120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	8

Transaction ID: SA11Ai-CN2174

Amount of Each Receipt this Period

50.00

may contribution

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Wheelis

Mailing Address 16 Wild Turkey Rd

City

Natchez

State

MS

Zip Code

39120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: SA11Ai-CN2172

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

20600.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX535

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

5.95

Credit Card Processing Fee

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX543

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

5.95

Credit Card Processing Fee

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
AMX Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX547

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

5.95

AMX Fee

SUBTOTAL of Disbursements This Page (optional)

17.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P. O. Box 53852	Transaction ID: SB21b-EX545 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>3.25</div> Credit Card Fee
B. Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 25118 City Tampa State FL Zip Code 33622 Purpose of Disbursement Bank Service Charge Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB21b-EX536 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>165.90</div> Bank Service Charge
C. Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 25118 City Tampa State FL Zip Code 33622 Purpose of Disbursement Bank Service Charge Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB21b-EX541 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>99.66</div> Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) ►

268.81

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A. Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21b-EX546 Date of Disbursement																				
Mailing Address PO Box 25118	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	8												
City Tampa State FL Zip Code 33622 Purpose of Disbursement Bank Service Charge Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>99.17</td> </tr> </table>	99.17																			
99.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Service Charge Category/Type <table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
B. Full Name (Last, First, Middle Initial) Global Payments	Transaction ID: SB21b-EX540 Date of Disbursement																				
Mailing Address 10705 Red Run Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Credit Card Processing Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>47.00</td> </tr> </table>	47.00																			
47.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Credit Card Processing Fee Category/Type <table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
C. Full Name (Last, First, Middle Initial) Global Payments	Transaction ID: SB21b-EX538 Date of Disbursement																				
Mailing Address 10705 Red Run Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	8												
City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Credit Card Processing Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>48.89</td> </tr> </table>	48.89																			
48.89																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Credit Card Processing Category/Type <table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					

SUBTOTAL of Disbursements This Page (optional)

195.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Global Payments

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
credit card processing fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX548

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

49.92

credit card processing fee

B.

Full Name (Last, First, Middle Initial)

SunTrust

Mailing Address 500 N Westshore Blvd
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX539

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

153.72

Bank Service Charge

C.

Full Name (Last, First, Middle Initial)

SunTrust

Mailing Address 500 N Westshore Blvd
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement

Candidate Name

006
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX605

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

0.00

Campaign Mailings

SUBTOTAL of Disbursements This Page (optional)

203.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

SunTrust

Mailing Address 500 N Westshore Blvd
Suite 100

City Tampa State FL Zip Code 33609

Purpose of Disbursement

Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX544

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

16.00

Bank Service Charge

SUBTOTAL of Disbursements This Page (optional)

16.00

TOTAL This Period (last page this line number only)

701.36

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Audrey Gibson Campaign

Mailing Address PO Box 12064

City
Jacksonville

State
FL

Zip Code
32209

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21b-EX530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

Amount of Each Disbursement this Period

500.00

011
Category/
Type

Political Contributions

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

AAPS General Fund

Mailing Address 5550 W Executive Dr
Suite 400

City Tampa State FL Zip Code 33609

Purpose of Disbursement
Contribution Ref to Corporation

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28a-CR21

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2008

Amount of Each Disbursement this Period

1300.00

see MUR 6326

B.

Full Name (Last, First, Middle Initial)

AAPS General Fund

Mailing Address 5550 W Executive Dr
Suite 400

City Tampa State FL Zip Code 33609

Purpose of Disbursement
Contribution Ref to Corporation

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28a-CR22

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2008

Amount of Each Disbursement this Period

14465.00

see MUR 6326

SUBTOTAL of Disbursements This Page (optional)

15765.00

TOTAL This Period (last page this line number only)

15765.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Aaron Bean Campaign

Nature of Debt (Purpose):
 Invoice: Political Contr-
 ibutions

Mailing Address 305 Bonnieview Rd

City	State	ZIP Code
Fernandina Beach	FL	32034

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD9-INV364

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶